

13 CV 9128

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

TYQUAN HASKINS #8951301279

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Warden Agro Rose Dept Kelly  
 John doe badge# 1622 John doe badge# 1407  
 Captain Medina badge# 472  
 Captain Walden badge# 167  
 Captain Baldwin badge# 1681  
 Officer's "Jane doe's"  
 Officer's "John doe's"

## COMPLAINT

under the  
 Civil Rights Act, 42 U.S.C. § 1983  
 (Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
 (check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name TYQUAN HASKINS

ID # 8951301279

Current Institution Anna M Kross Center

Address 1818 Hazen Street  
East Elmhurst N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Warden Agro rose Shield # N/A

Where Currently Employed Anna M Kross Center

Address 1818 Hazen Street  
East Elmhurst NY 11370

Defendant No. 2 Name Dept Kelly Shield # N/A  
 Where Currently Employed Anna M Kross Center  
 Address 1818 Hazen Street  
East Elmhurst NY 11370  
 "John doe"

Defendant No. 3 Name Captain MOS Shield # 1622  
 Where Currently Employed Anna M Kross Center  
 Address 1818 Hazen Street  
East Elmhurst NY 11370

Defendant No. 4 Name Captain "John doe" Shield # 1407  
 Where Currently Employed Anna M Kross Center  
 Address 1818 Hazen Street  
East Elmhurst NY 11370

Defendant No. 5 Name Captain Medina Shield # 472  
 Where Currently Employed Anna M Kross Center  
 Address 1818 Hazen Street  
East Elmhurst NY 11370

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?  
Anna M Kross Center. On October 13 2013 on a Sunday, Monday, Tuesday, Wednesday. Plaintiff was lock in his cell over 96 hours straight with out showering and use phone.
- B. Where in the institution did the events giving rise to your claim(s) occur?  
Anna M Kross Center. 11/18/13 on Monday D.O.C bus driver was on strike. On December 12 2013 there was a fire and excise force was apply too plaintiff. On 10/7/13 plaintiff due process was violated by D.O.C.
- C. What date and approximate time did the events giving rise to your claim(s) occur?  
due process On 10/7/13 around Tenam On October 13, to 10/16/13 around 7pm lock in cell for 96 hours straight. On 11/18/13 due process was violated by D.O.C. bus driving on strike. On 12/12/13 around five pm when a fire was in a cell the whole fire was full with dark smork as black clouds full the housing area and plaintiff was awaking by the probteam which took an half an hour too get to the housing area where the fire took place.

D. Facts: On October 3 2013 plaintiff due process was violated by Capt Medina who reserve plaintiff and found him guilty. On November 18 2013 plaintiff amendment was violated by D.O.C bus driver who went on strike as plaintiff stood in the holding cell for 7 hours and couldn't go to court. 10/13/13 plaintiff was lock in his cell for 96 hours straight with out any toilet tues and tooth brush or soap. On 12/12/13 plaintiff suffer being in a cell with smoke

On 10/17/13 Captain Medina violate plaintiff due process.  
On 10/13/13 Dept and Captains lock inmates in there cell over 96 hours straight with out phone call mail or visiting and showing.  
On 11/18/13 plaintiff was in holding cell waiting to go to court for 7 hours and was told by intake officer's that D.O.C. was on strike.  
On 12/12/13 plaintiff inhale black clouds of smoke for an half hour.  
December 12 2013 the ten grad lower housing area was abuse by D.O.C. On 12/12/13. On November 18 2013 all inmates that suppose to go to court didn't go because D.O.C was on strike.  
On October the whole ten grad lower house was deniel there rights  
On October 7 2013 plaintiff use surveillance camers.  
On December 12/2013 the whole house are saw excessive forces  
On November 18/2013 all inmates that was suppose to go to court.  
On October 13/2013 all inmates that was deniel middle stander and mail as well shower's and visitation with there love one and phone's call.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I suffer C.O.2 which I have chest pain and eye's burning. everytime I take deep breath I have pain and shorte's of breath. I notice my eye's led bron after being in the black clouds of smork for more than an half hour.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Anna M Kross Center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? None

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

December 18 2013 at law library.

1. Which claim(s) in this complaint did you grieve? the lock down into the fire incident.

2. What was the result, if any? none

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Never was call to grievance into this day on December 25 2013

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed, \_\_\_\_\_

when and how, and their response, if any: NEVER WAS CALL TO  
grievance for any of my problem unto this day  
On I have a lot of grievance that never got  
Call for too this day.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

\$75,000.00 thousands dollars for  
neglect as well not performing the three "C"s that they  
was suppose to show. all inmates and plaintiff was male  
and excessive force was use to hand cuff plaintiff  
whole was complaining about chest pain as they cuff  
everybody and took plaintiff and all inmates to the back  
intake C-71. Captain John doe's badge #467 told all  
correction officer's "If they say something or look wrong  
break their fucking face I'm not the fucking on" As he  
said "I'll don't give a fuck about the camera's so  
try me" plaintiff notice it had been 5:30pm when  
the problem lock everybody out and ran all into the  
hallway and use excessive force as it was 6:00pm when  
all inmates was line up and taking to the back intake  
it was 7:15 pm when they took plaintiff out of the cell.

**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

On  
these  
claims



- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff TYQUAN HASKINS

Defendants HARRIS

2. Court (if federal court, name the district; if state court, name the county) Southern

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Judgement was in my favor it was settled

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  
Yes ☒ No ☐

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff TYQUAN HASKINS

Defendants 41 PETS

2. Court (if federal court, name the district; if state court, name the county) ~~Supreme Court of Bronx~~

Supreme Court of Bronx

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of December, 2013.

Signature of Plaintiff

Imquan Hashins

Inmate Number

8951305279

Institution Address

Anna M Kross center  
1818 Hazend Street  
East Elmhurst  
New York 11370

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 18 day of December, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Imquan Hashins

8951301279

11/28/13

1818 Hazen St  
E288 Elmhurst  
New York 11390  
Ten Quad lower

Re: Need Help making copies.  
There's four different cases

SIR:

Please take notice that I'm  
a prisoner lock up in Anna M Cross Center  
on Riker's Island and I'll don't have access  
to the law library as it said in the hand book  
and the grievance don't response to my complaint  
since September unto know I haven't seen an  
person or was call down for grievance.

I'll will as of you to make copie of my  
documents because I'll don't have stamps or  
enough envelop to mail out three documents  
and stamp's as well.

I will like to thank you and tell you that I'll  
have four cases within four different incident  
that occur on the 10/7/13 10/13/13 11/18/13  
12/12/13 and I don't have enough money to  
buy stamps to place on a brown envelop which  
make me ask for help to forward the following  
document to the judge and defendants laws.  
please take it into consideration that I have  
less access to the law library and not enough  
money to buy stamps envelopes for the form.  
I think you so much for sending out the form  
so I can process it now I just need help  
with making copies of three I send the original  
to you Mr. Ruby.



Notice of Claim Against City Of  
DEPARTMENT OF CORRECTIONAL'S

Plaintiff

-Against-

City of New York D.O.C in it's  
official capacities.  
Warden Agro and more etc  
Defendant's

DEPT OF CORRECTIONS  
PRO SE  
Notice Of Claim  
Against the City of  
Department of corrections  
Pursuant to General  
Municipal Law Section 50

SIR:

Please Take Notice to whom it may concern  
Plaintiff when through an inserdent in the facilty of  
Anna# M Kross Center on December the 12 2013 which was a thursday and  
hereby make's a claim and demand against you as follows:

TO: Agro Rose Warden of Anna M Kross Center which is on Risker's Island  
Plaintiff is going PRO SE and rest at Riker's Island AMKC which is  
18-18 Hazen Street East Elmhurst New York 11370 10 quad lower

UNSAFE ENVIRONMENT COUNT TWO: FAILURE TO ADMINISTER ADEQUATE MEDICAL REMEDY

1. Plaintiff was mercilessly beaten and mace when leaving  
his housing area because there was a fire and the probteam let them  
out as they run to the hallway and got excive force apply too them.

2. Plaintiff notice that the corrections department have  
violated there amendment as well show recklessness, failure to properly  
train and manage there officer's who apply excive force on ever innated  
who came out the housing area that had fire coming out of it.

3. Defendant's mace all individually as well slam and hand  
cuff them with excive force and took eveybody who came out of a fire  
to an holding cell in the back area which was call c71 intake around  
6pm as evey captain and correctional officer's was very inhuman with  
evey last inmate's who just came out of a harazard environment.

4. Plaintiff didn't get any proper medical treatment it  
was 7:15pm an hour and more went by since anybody recive medical  
treatment from being in the housing area for an approximately 5:00  
unto 5 five thirty an half an hour in the cloud of black smoke befor  
the probteam came and let theam out as they use excive force on them.

All inmate's inhale black cloud of smoke for more than an half an hour as well  
was mace and beaten by D.O.C who faild to provid medical treatment## on 12/12/13

ANTONIO MIGUEL FRAZIER  
COMMISSIONER OF DEEDS

No. 2-13375

Qualified in Queens County  
Commission Expires July 1, 2014

*Antonio M. Frazier*

12/14/13

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dfr. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <b>TYQUAN HASKINS</b>	Book & Case #: <b>8591301279</b>	NYSID # (optional): <b>09655617N</b>	
Facility: <b>AMKC</b>	Housing Area: <b>Ten Quad lower</b>	Date of Incident: <b>10/7/13</b>	Date Submitted: <b>10/8/13</b>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

on the 10/1/13 I was call down to a ~~hearing~~ Disciplinary hearing and told by the Captain Medina who was conducting the hearing "you got serve an if you don't remember it was on the 10/2/13? I told her I've never recive an infraction on the 10/2/13 as well what am I'm getting infractioned for? Ms. Medina told me "don't act stupid you was infractioned for your action on the 10/1/13 if you never been serve I'm be by serving you today and you will be bought back for the Disciplinary hearing within 24 hours from now" she serve me for something I didn't do at all on the 10/1/13

I will like the offic to look at the camer's to see on the 10/1/13 insident as well the halway camer's on the 10/2/13 to see if Captain Walden serve me on that day

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Inmate's Signature:

*Tyquan Haskins*

Date of Signature:

10/8/13

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 2



City of New York - Department of Correction

**INMATE GRIEVANCE AND****REQUEST PROGRAM STATEMENT FORM**

The Inmate Grievance and Request Program (IGRP) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

A grievance is a written complaint submitted by an inmate in the Department's custody about an issue, action, condition, or practice relating to the inmate's confinement.

A request is a written individually expressed need for a service, assistance, or accommodation regarding any issue relating to the inmate's confinement.

- You may first seek to resolve the issue or condition by speaking to the involved staff or your housing officer.
- You always have the right to file a grievance or request.
- Before you seek relief from an external entity, like the courts or another agency, you should file your grievance or request with this program.

**THE SUBMISSION AND APPEALS PROCESSES****1. SUBMISSION**

Submit this form (Statement form) to the IGRP office, IGRP staff, or drop it in a grievance and request box.

**2. INFORMAL RESOLUTION**

You will receive a proposed resolution within five days after the IGRP receives the form. If you disagree with the proposed resolution, you will have five business days to appeal and request a formal hearing.

If your submission involves a request to exercise religious beliefs or practices not currently available and you seek to appeal, the Committee on Religious Accommodations will review your request.

**3. FORMAL HEARING OF THE INMATE GRIEVANCE RESOLUTION COMMITTEE**

The Inmate Grievance Resolution Committee (IGRC) will conduct a hearing and render a written disposition within five business days from your request for a hearing.

If you disagree with the IGRC's disposition, you will have five business days to appeal to the commanding officer.

**4. COMMANDING OFFICER'S REVIEW**

The IGRP staff will forward your appeal to the commanding officer within one business day of receiving it. Within five business days of receiving the appeal, the commanding officer will render a written disposition.

**5. CENTRAL OFFICE REVIEW COMMITTEE**

If you disagree with the commanding officer's disposition, you will have five business days to appeal to the Central Office Review Committee (CORG). The CORC will render a disposition within 15 business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

8951301279  
1818 Hazen St  
East Elmhurst  
New York 11370  
Ten Quad lower

10/27/13

## Statement of Facts

ON October 7 2013 plaintiff was told to get ready for a hearing and didn't know why the escort came to pick plaintiff up and told plaintiff if he received his infraction ticket. As plaintiff said to officer John Doe what for and the officer laugh and said "don't act stupid you know what for?" And both left to go to the hearing. Captain Medina told plaintiff if he receive his infraction and plaintiff told her no and she said "That's what they all say" and told plaintiff that she was going to reserve him and bring him back within 24 hours to start the hearing by her. On October 8-2013 Plaintiff went to the hearing and was found not guilty on the top charge but was found guilty for bad words she said plaintiff ask if they had an audio recorded to back track along with the surveillance it will show that Plaintiff was innocent. Plaintiff put in an article but got no response and was told to put in an apple critical to show plaintiff due process was violated by D.O.C. and Captain Medina who took sides instead of doing a research on the case.



 <b>CORRECTION DEPARTMENT</b> <b>CITY OF NEW YORK</b>		<b>HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION</b>		Page 1 of 2 Pages	Form: 6500D Rev.: 02/09/07 Ref.: Dir. #6500R-B
Infraction #: <u>3771/13</u>		Institution: <u>AMKE</u>			
Inmate Name (Last, First): <u>Hasking Tyquan</u>		B&C/Sentence #: <u>895/301279</u>		NYSID #: <u>09655617N</u>	
Location: <u>QL10</u>		Disposition Date: <u>10/8/13</u>		Disposition Time: _____ Hrs.	
Adjudication Captain (Print Name, Rank & Shield #): <u>Medina Cpt 472 10/8/13 1145</u>					
Tape Data (Tape #): <u>Audio</u>		Counter # at Start: _____		Counter # at End: _____	
Inmate's Accompanying card Indicates Inmate Received Rule Book: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Inmate requested Witness(es): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived <input checked="" type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If waived, inmate must sign. If denied, state reason.)					
Reason: <u>Career - video reviewed, however unable to identify inmate in pen. and view obstructed by inmate's shirt.</u>					
Inmate requested Hearing Facilitator: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If yes, Hearing Facilitator must sign. If waived, inmate must sign. If denied, state reason.)					
Reason: _____					
Inmate Requested Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If yes, Interpreter must sign. If waived, inmate must sign. If denied, state reason.)					
Reason: _____					
If inmate advised of right to remain silent was inmate advised that statements could be used against him/her. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
<b>Special Situations</b> <u>Reserved - 10/7/13 1420hs</u>					
Hearing in Absentia <input type="checkbox"/> Inmate Refused to Appear <input type="checkbox"/> Removed from Hearing Due to _____ Specify Reason _____					
Adjournment: <input type="checkbox"/> By Adjudication Captain Date Reconvened: _____ / ____ / ____					
<input type="checkbox"/> By Inmate Waived Time Limits to Facilitate Adjournment (Inmate Signature) _____					
Referral: <input type="checkbox"/> Security <input type="checkbox"/> Mental Health <input type="checkbox"/> Inspector General					
Inmate Pled: <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty with an Explanation					
Summary of Inmate's Testimony: <u>I did not curse at C.O. or throw anything at him. I only addressed him regarding court at San point.</u>					
The following witness(es) testified at your hearing. (If additional witnesses testified, attach additional sheets.)					
Witness Name (Last Name, First Name):		Rank/Title, Shield/ID # (If staff), B&C/Sentence # (If Inmate):			
Witness Signature (Present at Hearing):					
Witness testified in the presence of the charged Inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____					
Summary of Testimony: _____					
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason: _____					
Witness Name (Last Name, First Name):					
Rank/Title, Shield/ID # (If staff), B&C/Sentence # (If Inmate):					
Witness Signature (Present at Hearing):					
Witness testified in the presence of the charged Inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____					
Summary of Testimony: _____					
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason: _____					





# CORRECTION DEPARTMENT CITY OF NEW YORK



## HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION

Page 2  
of  
2 PagesForm: 6500D  
Rev.: 02/09/07  
Ref.: Dir. #6500R-B

## DOCUMENTARY EVIDENCE (Where applicable)

Photograph of Injury:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Infraction 6500 Investigator</i>	Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Photocopy of Weapon:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reports - Specify Types:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Logbooks - Specify Types:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Infraction Investigation:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Physical Evidence (List):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Witness Statements (List Witnesses):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

On this date and time following disposition was reached after a hearing on the charges listed below:

10/8/13

Charge #	Dismissed	Guilty	Penalty	Basis for Findings & Evidence Relied On
101-10	X			Based on co game report & observation that you were
109-12		✓	7 Days PS	verbally disrespectful toward officers and did not stop when ordered to do so,
120-11		✓	2 Days PS	and Capt. Williams investigation I find charges substantiated.

Twenty Five Dollar (\$25) Disciplinary Surcharge Grade I or Grade II offenses only: ☒ Yes ☐ No

If you have been found guilty of multiple rule violations, these penalties will be served:

☐ Consecutively ☒ ConcurrentlyInfraction Dismissed: ☐ Yes ☒ No

Reason:

Pre-Hearing Detention Time Credit: \_\_\_\_\_ Days.

Adjudication Captain (Print Name, Rank, Shield #):

Signature of Adjudication Captain:

You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days or more of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), your appeal shall be forwarded to the General Counsel in the Legal Division. Within five (5) business days of the receipt of your appeal, you will receive a written decision from the General Counsel regarding such appeal unless further documentation/information is required by the General Counsel to decide your appeal. In those cases, the five (5) business day time limit shall be extended and the reasons for the extension will be noted on the General Counsel's decision to you. If you receive an unfavorable decision from the General Counsel or you do not receive a decision from the General Counsel within ten (10) business days of receipt of your appeal, you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.

I certify that I received a copy of this notice:

Signature of Inmate:

B&amp;C Sentence #:

Date:

Time:

Served by (Print Name, Rank and Shield #):

Signature of Server:

Refused to Sign for Notice:

☒ Yes ☐ No

Witnessed By:



## REPORT AND NOTICE OF INFRACTION

Form: 6500A  
Rev.: 02/09/07  
Ref.: Dir. #6500R-B

Infraction #: <b>3771/13</b>	Institution: <b>AMKC</b>	Date of Incident: <b>OCTOBER 2, 2013</b>	Date of Report: <b>10/1/13</b>
Inmate Name (Last, First): <b>HASKINS, TYQUAN</b>	B&C: <b>8951301279</b>	Sentence #: <b>09655617N</b>	NYSID #: <b>09655617N</b>
Location of Incident (Be Specific): <b>BACK INTAKE C-71 PEN #2</b>	Housing Area: <b>QUAD LOWER 10</b>	Approximate Time of Incident: <b>0730</b>	Hrs.
Charge # <b>109.12</b>	Offense: <b>DISRESPECT FOR STAFF</b>	Charge #	Offense
<b>101.10</b>	<b>ATTEMPT ASSAULT</b>		
<b>120.11</b>	<b>REFUSAL TO OBEY A DIRECT ORDER</b>		
Reporting Official (Print Name, Rank and Shield #): <b>GOMEZ CO. #4216</b>	Reporting Official (Signature): <i>[Signature]</i>		

Details of Incident (Include details as to How, When and Where Infraction was Committed): ON OCTOBER 2, 2013 I CO. GOMEZ #4216 WHILE ASSISTING WITH THE MORNING COURTS IN C-71 INTAKE INMATE HASKINS, TYQUAN #8951301279 OF QUAD LOWER 10 WAS IN PEN #2 ASKED THIS WRITER IF HE COULD GO INTO PEN #5 AND UTILIZE THE TOILET I POINTED OUT THE SECURITY MEMORANDUM LOCATED ON ALL THE PENS I TOLD INMATE HASKINS HE HAD TO USE THE TOILET IN THE PEN THAT HE WAS IN. INMATE HASKINS THEN SAID "FUCK YOU BITCH". I GAVE HIM A VERBAL ORDER THAT IF HE CONTINUED WITH HIS VERBAL HARASSMENT HE WILL BE INFRACTED. WHEN I TURNED AWAY AN INMATE CUP WAS THROWN TOWARDS MY DIRECTION I TURN TOWARDS PEN #2 AND ASKED WHO THROW THE CUP INMATE HASKINS SAID "I DID BITCH SORRY I MISSED. I THEN TOLD INMATE HASKINS THAT HE WILL BE INFRACTED HE SAID "FUCK YOU AND YOUR INFRACTION". NO FORCE WAS USED NO FURTHER INCIDENT.

You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.

At your hearing you have the following rights:

1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive.
2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify.
3. Right to present material evidence.
4. Right to present witnesses.
5. Right to the assistance of a Hearing Facilitator if Adjudication Captain deems one is necessary.
6. Right to an interpreter if you cannot communicate well enough in English.
7. Right to appeal.

Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination:

1. Reprimand.
2. Loss of privileges.
3. Loss of good time if you are a sentenced inmate.
4. Punitive segregation for up to ninety (90) days per each applicable individual charge.
5. Restitution for intentionally damaging or destroying City property.

A twenty five (\$25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.

Interpreter Requested:	<input type="checkbox"/> Yes (If yes, include what language)	<input checked="" type="checkbox"/> No
Hearing Facilitator Requested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Witness(es) Requested:	<input type="checkbox"/> Yes (If yes, include witness(es) Name, Book and Case Number (if inmate) or Shield/ID (if staff) and Location (if inmate) or Post (if staff).	<input checked="" type="checkbox"/> No
Witness (Print Name):	B&C Number:	Location:
Witness (Print Name):	B&C Number:	Location:
Witness (Print Name):	B&C Number:	Location:
Witness (Print Name):	Shield/ID Number:	Post:
I certify that I received a copy of this notice:	Signature of Inmate: <i>[Signature]</i>	Date: <b>10/2/13</b> Time: <b>0600h</b>
Served by (Print Name, Rank and Shield #): <b>Walden Cpt 164</b>	Signature of Server: <i>[Signature]</i>	

WITNESSES: AMT062EW0K #12139

FACILITY COPY

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dfr. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>TYQUAN HASKINS</i>	Book & Case #: <i>8591301279</i>	NYSID # (optional): <i>09655617d</i>	
Facility: <i>AMKC</i>	Housing Area: <i>Ten Quad lower</i>	Date of Incident: <i>10/13/13</i>	Date Submitted: <i>10/17/13</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

*Inmate's was lock in with out no reason as well there where no toilet russe given out to any inmates as well tooth brush or tooth past for three days no toilet russe as well not being able to be lock out for three day. Inmate's was not giving an option to take a "shower's" as well use the telephone and have there visitation on the Sunday 10/13/13 unto wednesday 10/16/13.*

Action Requested by Inmate

*Why lock inmate's in there cell with out giving them any option to shower as well use the telephone to call there love one? Why lock inmate's in there cell for 72 hours straight?*

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Inmate's Signature:

*Tyquan Haskins*

Date of Signature:

*10/14/13*

For DOC Office Use Only:

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:



Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 2



City of New York - Department of Correction

**INMATE GRIEVANCE AND****REQUEST PROGRAM STATEMENT FORM**

The Inmate Grievance and Request Program (IGRP) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

A grievance is a written complaint submitted by an inmate in the Department's custody about an issue, action, condition, or practice relating to the inmate's confinement.

A request is a written individually expressed need for a service, assistance, or accommodation regarding any issue relating to the inmate's confinement.

- You may first seek to resolve the issue or condition by speaking to the involved staff or your housing officer.
- You always have the right to file a grievance or request.
- Before you seek relief from an external entity, like the courts or another agency, you should file your grievance or request with this program.

**THE SUBMISSION AND APPEALS PROCESSES****1. SUBMISSION**

Submit this form (Statement form) to the IGRP office, IGRP staff, or drop it in a grievance and request box.

**2. INFORMAL RESOLUTION**

You will receive a proposed resolution within five days after the IGRP receives the form. If you disagree with the proposed resolution, you will have five business days to appeal and request a formal hearing.

If your submission involves a request to exercise religious beliefs or practices not currently available and you seek to appeal, the Committee on Religious Accommodations will review your request.

**3. FORMAL HEARING OF THE INMATE GRIEVANCE RESOLUTION COMMITTEE**

The Inmate Grievance Resolution Committee (IGRC) will conduct a hearing and render a written disposition within five business days from your request for a hearing.

If you disagree with the IGRC's disposition, you will have five business days to appeal to the commanding officer.

**4. COMMANDING OFFICER'S REVIEW**

The IGRP staff will forward your appeal to the commanding officer within one business day of receiving it. Within five business days of receiving the appeal, the commanding officer will render a written disposition.

**5. CENTRAL OFFICE REVIEW COMMITTEE**

If you disagree with the commanding officer's disposition, you will have five business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within 15 business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

TYQUAM HAZEN  
8951301279  
1818 Hazen St  
East Elmhurst  
New York 11370  
Ten Quad lower

10/23/13

## Statement of facts

On October 13 2013 on a Sunday the house was told that it was a "TSO" that why they are lock in for the whole day an correctional officer told them.

Plaintiff notices that none of the staff response to plaintiff whe he ask for soap to use to wash up in his cell but none of the officer "John doe" wasn't on there post as all in ask for toilet tusse and soap and was told by the officer in the "CAF" post which was the bubble that there wasn't any soap, toilet tusse, to supply anybody.

On October 14 2013 plaintiff notice nobody was lock out for phone call or shower on Monday.

On October 15 2013 Tuesday nobody was lock out for showers or phone call for 72 hours.

On October 16 2013 on a Wednesday there was a fire inspector who walk by with an officer as plaintiff ask him if he lock in a cell with out a fire sprinkler is it a hazard and the fire inspector told plaintiff "This whole building is a fire hazard to employee and inmates." After a change of shift everybody was lock out to use the phones and take shower's and watch T.V. in the day room, it was six pm when all inmates was lock out.



Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dfr. #3376 - page 1



# City of New York - Department of Correction

## INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>TYQUAN HASKINS</i>	Book & Case #: <i>89513 01279</i>	NYSID # (optional): <i>09655617N</i>	
Facility: <i>AMKC</i>	Housing Area: <i>Per Quad lower</i>	Date of Incident: <i>11/18/13</i>	Date Submitted: <i>11/25/13</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

*On November 18 2013 On a Monday I had Bronx Supreme Court and got up at four am and walk out at 4:30 am. I was strip search and send to holding cell one onto the bus arrive. I stood in the cell for more than five hours waiting for the bus. And was told the bus was on strike by an officer who told me that they want to teach the higher people above a lesson. My rights has been violated by D.O.C.*

Action Requested by Inmate

*I ask to speak to the Commissioner about the issue. how can you find people that you need to run the body's back and forth.*

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Inmate's Signature:

*Tyquan Haskins*

Date of Signature:

*11/24/13*

For DOC Office Use Only:

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
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Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 2



City of New York - Department of Correction

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TYQUAN HASKINS

11/21/13

8951301279

1818-Hazen St

East Elmhurst NY 11370

Ten quad lower cell #5

Statement of Facts

- ① On November 18 2013 Monday I was told to get ready for court around four am in the morning by officer "John doe" who told me I was going to the supreme court in the Bronx.
- ② I ate and walk out around 4:30 to back court's which was intake C.71 where the bronx, brooklyn, queens, court go too. I when through a strip search and was told to go to holding cell ~~one~~ which was for the bronx.
- ③ It was 7am which inmates was upset because no bus driver came to pick any inmates up for courts as other inmate's ask about the bus for court. I over hear an inmates complain about space because the cell was over crowded and nobody knew anything about the bus driver while correctional officer told inmates to be cool.
- ④ Plaintiff notice it was ten "0" clock and no inmates wasn't cool as the correctional officer told them that the bus drive where on strike and there will be no court today which was a monday November 18 2013 while all inmates due process was violated by D.O.C. because the bus driver ~~want~~ to go on strike and make all the inmates suffer as well fight all space in the crowded holding pen.
- D.O.C violated Plaintiff six admendment by going on strike and not taking Plaintiff to court which stop and delay Plaintiff case. so plaintiff fill that D.O.C. violated the three "C" care, custody, control, by striking with out any good reason, at AMKCL

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>TYQUAN HASKINS</i>	Book & Case #: <i>8951301279</i>	NYSID # (optional): <i>09655617A</i>	
Facility: <i>AMKC</i>	Housing Area: <i>Ten Quad lower</i>	Date of Incident: <i>12/12/13</i>	Date Submitted: <i>12/18/13</i>

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Request or Grievance:

*On December 12 2013 On a Thursday around five pm there was an fire and inmates and I was left in our cell over an half an hour before the problem came and took use out into the hallway and use excessive force on all inmates as well I smell mace which was spray on my direction and some on my face. When the problem arrive the black clouds of smoke was hard to see and it was an hazard environment and when coming out excessive force was use and D.O.C deny medical treatment*

Action Requested by Inmate: *I want all officers to get fired for abusing us and denying all inmate medical treatment on December 12/12/13 -*

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff? ☐ Yes ☒ No  
 Do you need the IGRP staff to write the grievance or request for you? ☐ Yes ☒ No  
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No  
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature:

Date of Signature:

*12/18/13*

For D.O.C. Office Use Only

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Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:



Attachment B

Form: #7101R, Ed.: 09/10/12, Ref.: Dir. #3376 - page 2



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

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## THE SUBMISSION AND APPEALS PROCESSES

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12/18/13

TYQUAN HASKINS  
8951301279  
1818 Hazen street  
East Elhurst NY 11370

SIR: Please take notice to whom it may concern plaintiff was involved in a inserdent on December 12 2013 at Anna M Kross Center facilty which was thursday and hereby claims that defendants was using excesive force on plaintiff who was coming out of an housing area that had a fire in it and was mace by the probteam who came and stood on the other side of the hallway and use excesive force on evey inmate who came out of ten quad lower that thursday on 12/12/13.

To: Agro Rose who let plaintiff right's be violated by Dept Kelly who lock the whole ten quad lower in there cell for no reson and said unto evey inmate that they will be lock out befor lunch time which never happen unto around five pm there was an inmate who was playing with fire and officer "john doe" said to the inmate that "you think what you doing is going to get you lock out any faster" as he walk off the "B" post all inmates start calling the officer who left the "B" post for help as the black clouds off smoke fill the hallway and cells fast and the cloud of smoke got dark as inmates panic and cry for help.

I feel that the officer who was working that day violated the three "C" Care Custody Control as all inmates suffer in there cell for over an half hour breathing black clouds of smoke as the officer's john doe who left his post and knew of the fire as well let the fire brun and left inmates in there cell too breath the black clouds of smoke for more than half hour.

2. Plaintiff notice that none of the fire alarm went off as well there was no sprinkler in any inmate cell as well no fire sprinkler in the hallway either. I'm up set at the officer for not trying to put the fire out as well let the fire get big.
3. Defendant's jane doe and mess of john doe's who was on the probteam use excesive force on eveybody who came out of the fire housing area which show that they didn't care about anybody health as well macing inmates with out proper of cause as all inmates was hand cuff and taking too c71 intake to be held for an hour unto the housing area was air out so they could place inmates back in it.
4. Plaintiff have not recive medical treatment on the december 12 2013 for the inserdent as unto this day on all inmates have not recive porper medical treatment on the fire= inserdent as the D.O.C try cover up on the inserdent that happen and may lie and say inmates have resive medical which it show on the camer that all inmates wasnt taking

ANTONIO MIGUEL FRAZIER  
COMMISSIONER OF DEEDS  
No. 2-13375  
Qualified in Queens County  
Commission Expires July 1 2014

12/18/13  
Antonio M Frazier

X Tyquan Haskins

TYQUAN HASKINS #2951301279  
1848 Hazen St  
East Elmhurst NY 11370  
Ten Quad lower cell #5



Clerk of Court

by J. Kraljick

UNITED STATES DISTRICT COURT

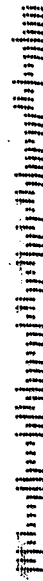
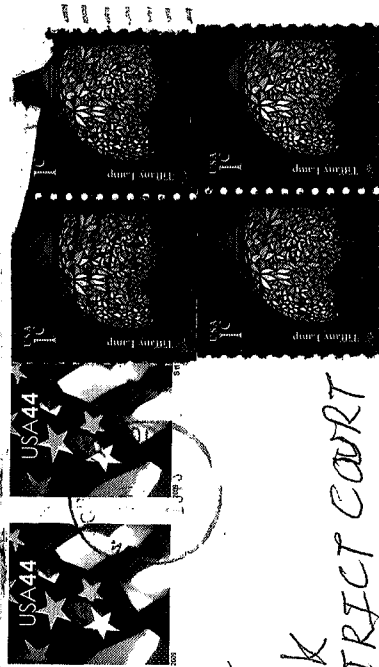
Southern District of New York

Dan Patrick Moynihan United States Courthouse

500 Pearl Street

Room; 230

New York New York 10007



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